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DATE:

11-09-01

TO:

09/963939

FROM:

Office of Initial Patent Examination
Unit 7 (RAM Team)

SUBJECT:

Insufficient Funds

Deposit account number

200449

On

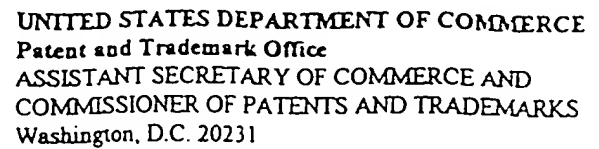
11/09/01

there were insufficient funds available to charge the attached fee.

If you have any question, please contact Cynthia Streater (OIPE/JCWS RAM- Team)
at 703-306-5430.

Terminal Operator:

Ber



Date: _____

To: _____

Subject: Fee Due

Application Number 2015-067-029

The correct fee, code: 65 amount \$ 20

The suspended fee code: 197 amount - \$ 50

The due amount = \$ 100

Please direct any questions you may have to Joyce Gunter-Warren at 308-3616.

RAM Fee History Query

Revenue Accounting and Management

Name/Number: 09963939

Total Records Found: 7

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
10/01/2001	00000058	<u>1</u>	<u>201</u>	\$355.00	09/26/2001	OP
10/18/2001	00000019	<u>7</u>	<u>201</u>	\$355.00	09/26/2001	OP
01/03/2002	00000220	<u>1</u>	<u>201</u>	\$370.00	12/26/2001	OP
01/03/2002	00000221	<u>1</u>	<u>197</u>	\$50.00	12/26/2001	OP
01/22/2002	00000021	<u>7</u>	<u>201</u>	\$370.00	12/26/2001	OP
01/22/2002	00000022	<u>7</u>	<u>197</u>	\$50.00	12/26/2001	OP
02/05/2002	00000111	<u>1</u>	<u>581</u>	\$40.00	01/28/2002	DA 200449

201 - 370.00
617 - 50.00
205 - 65.00

485.00

NOTICE OF FEE DUE

DATE: 02-20-02

TO: Sector

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 09,963,939

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☐ Insufficient fee by check

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☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: 204 amount \$ 65

The suspended fee code: 197 amount - \$

Fee Due amount =\$

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator Sebie



Deposit Account

Print Screen

Number: 200449

Balance Amount: -13.00

Holder

Name: ROBERT K TENDLER



Address

Attention:

Street:

65 ATLANTIC AVENUE

Province:

City:

BOSTON

State:

MA

Postal Code: 02110

Country:

US

Telephone:

617-723-7268

Fax: 617-723-7186

Details

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Type: REGULAR

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Access Code:

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